

Charity Care/Sliding Fee Scale Policy

Policy:

Jefferson Healthcare is committed to the provision of health care services to all persons in need of medical attention regardless of ability to pay. This Charity Care policy is applied uniformly to all patients who reside in Jefferson County and are patient of the Jefferson Healthcare System.

In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of charity care, consistent with the requirements of the Washington Administrative Code, Chapter 246-453, are established. These criteria will assist staff in making consistent, objective decisions regarding eligibility for charity care while ensuring the maintenance of a sound financial base.

Procedure:

Communications to the Public

Jefferson Healthcare's Charity Care Policy shall be made publicly available through the following methodologies:

1. A notice advising patients that the hospital provides charity care shall be posted in key public areas of the hospital, including Registration, the Emergency Department, Billing and Financial Services.
2. The healthcare system will distribute a written notice of the charity care policy to patients at the time that information pertaining to third party coverage is requested of a patient. This written information shall also be verbally explained at this time. If for some reason, for example in an emergency situation, the patient is not notified of the existence of charity care before receiving treatment, he/she shall be notified in writing as soon as possible thereafter.
3. Written information about the charity care policy shall be made available to any person who requests the information, either by mail, by telephone, or in person. The healthcare system's sliding fee schedule, if applicable, shall also be made available upon request.

Eligibility Criteria

All residents of Jefferson county are eligible to apply for Jefferson Healthcare's Charity Care program.

The full amount of charges will be determined to be charity care for a patient whose gross family income is at or below 100 percent of the current federal poverty level (consistent with WAC 246-435).

A sliding fee schedule shall be used to determine the amount that shall be written off for patient with incomes between 101 and 300 percent of the current federal poverty level.

Catastrophic Charity: The healthcare system may write off as charity care amounts for a patient with family income in excess of 300 percent of the Federal Poverty Level when circumstances indicate severe hardship or personal loss. This determination would be made on a case by case

basis, taking into consideration the amount the individual is economically responsible for and the individual's economic resources. *The responsible party's financial obligation which remains after the application of any sliding fee schedule shall be payable as negotiated between the hospital and the responsible party. The responsible party's account shall not be turned over to a collection agency unless payments are missed or there is some period of inactivity on the account, and there is no satisfactory contact with the patient.*

For Patients who do not meet Jefferson Healthcare's charity care guidelines, but are uninsured, Jefferson Healthcare will provide options to pay over a set period of time at reduced interest rates(no interest), dependent upon the financial ability and resources of the patient.

Process for eligibility determination:

A. Initial Determination

1.) The healthcare system shall use an application process for determining eligibility for charity care of hospital or clinic based medical services. Requests to provide charity care will be accepted from sources such as: physicians, community or religious groups, social services, financial services, personnel, and the patient, provided that any further use or disclosure of the information contained in the request shall be subject to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations and the hospital's Privacy Policies. All requests shall identify the party that is financially responsible for the patient ("responsible party").

2.) The following will be supplied to the responsible party

- Information about Charity Care/Sliding Fee Scale Services (yellow form)
- Application for Sliding Fee Scale
- DSHS application if appropriate
- Credit policy
- Financial Services Representative's business card

3.) The initial determination of eligibility for charity care/sliding fee scale shall be completed at the time of admission/visit or as soon as possible following initiation of services to the patient.

- The Financial Services Representative will use the Medicaid Eligibility Worksheet (5 questions), to determine whether or not the patient must apply first for DSHS. If the patient answers "yes" to any of the questions, they may be eligible for Medicaid coverage and will therefore need to apply first for DSHS and receive a letter of denial prior to proceeding with applying for Charity Care. However, if the patient answers "no" to all questions, they will not be deemed eligible for Medicaid coverage.
- Jefferson Healthcare may verify with third parties to verify documentation.

4.) Pending final eligibility determination, Jefferson Healthcare will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with the system's efforts to reach a final determination of sponsorship status.

5.) If the healthcare system becomes aware of factors which might qualify the patient for charity care under this policy, it shall advise the patient of this potential and make an initial determination that such account is to be treated as charity care.

B. Final Determination

1.) Prima Facie Write-Offs: In the event that the responsible party's identification as an indigent person is obvious to healthcare system personnel, and the system can establish that the applicant's income is clearly within the range of eligibility, the system will grant charity care based solely on this initial determination. In these cases, the healthcare system is not required to complete full verification or documentation (In accordance with WAC 246-453-030 (3).

2.) Charity Care forms, instructions, and written application shall be furnished to the responsible party when charity care is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or the hospital, should be accompanied by documentation to verify information indicated on the application form. *The following documents may be considered evidence upon which to base determination of charity care eligibility.*

- A income tax return from the most recently filed calendar year, and
- A current "W-2" withholding statement or
- Pay stubs from all employment during the relevant time period
- Forms approving or denying eligibility for Medicaid and/or state funded medical assistance
- Forms approving or denying unemployment compensation
- Written statements from employers or DSHS employees.

3.) During the initial request period, the patient and the healthcare system may pursue other sources of funding, including Medical Assistance and Medicare. The responsible party will be required to provide written verification of the ineligibility for all other sources of funding. The healthcare system may not require that a patient applying for a determination of indigent status seek bank or other loan source funding. However all third party payers must first be exhausted prior to the application of charity care, uncompensated care is the payer of last resort.

4.) In the event that the responsible party is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person. (WAC 246-453-030)

C. The healthcare system will allow a patient to apply for charity care at any point from pre-admission to final payment of the bill, recognizing that a patient's ability to pay over an extended period may be substantially altered due to illness or financial hardship, resulting in a need for charity services. Jefferson Healthcare will consider an application for charity care, even if the patient's account is already in a collection status. If new information is available, or the financial situation has changed for the individual the patient may reapply at any time.

D. Time frame for final determination and appeals

1.) Each charity care applicant who has been initially determined eligible for charity care shall be provided with at least 14 calendar days, or such time as may reasonably be necessary, to secure and present documentation in support of his or her care application prior to receiving a final determination of sponsorship status.

2.) The hospital shall notify the applicant of its final determination within 14 days of receipt of all application and documentation material.

3.) The responsible party may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the Financial Services Representative within 30 days of notification.

4.) The timing of reaching a final determination of charity care status shall have no bearing on the identification of charity care deductions from revenue as distinct from bad debts, in accordance with WAC 246-453-020(10)

E. If the patient or responsible party has paid some or the entire bill for medical services, and is later found to have been eligible for charity care at the time services were provided, he/she shall be reimbursed for any amounts in excess of what is determined to be owed. The patient will be reimbursed within 30 days of receiving the charity care designation.

F. Adequate notice of denial

1.) When an application for charity care is denied, the responsible party shall receive a written notice of denial, which includes:

- The reason or reasons for the denial
- Date of the decision
- Instructions for appeal or reconsideration

2.) When the applicant does not provide requested information and there is not enough information available for the healthcare system to determine eligibility, the denial notice also includes:

- A description of the information that was requested and not provided, including the date the information was requested
- A statement that eligibility for charity care cannot be established based on information available to the hospital
- That eligibility will be determined if, within thirty days from the date of the denial notice, the applicant provides all specified information previously requested but not provided (*F2 is an optional provision*)

3.) The Associate Administrator for Finance/CFO and/or the Administrator/CEO will review all appeals. If this review affirms the previous denial of charity care, written notification will be sent to the responsible party and the Department of Health in accordance with state law

G. If a patient has been found eligible for charity care and continues receiving services for an extended period of time without completing a new charity care application, the healthcare system shall re-evaluate the patient's eligibility for charity care *periodically* to confirm that the patient remains eligible. The hospital may require the responsible party to submit a new charity care application and documentation at that time.

Collection Procedure

Jefferson Healthcare will bill a patient over a period of 105 days before the patient is involuntarily referred to a collection agency.

Extended payment options are available.

Jefferson Healthcare will not refer to an outside collection agency until several attempts have been made to collect the outstanding amount of a bill, after charity care/sliding fee schedule amounts have been applied. Referral will not apply to any patient who has made financial arrangements and who has complied in good faith with the arrangements.

Neither Jefferson Healthcare or its contracted collection agent (s) will place a lien on a patient's house or primary automobile (s).

Collection policies shall comply with the Fair Debt Collection practice Act.

Documentation and Records

- A. Confidentiality. All information relating to the application will be kept confidential, in compliance with HIPAA requirements. Copies of documents that support the application will be kept with the application form.
- B. Documents pertaining to charity care shall be retained for seven years.

Forms:

About the Sliding Fee Scale

Sliding Fee Scale Income Chart

Sliding Fee Scale Patient Info Sheet

Charity Care Sliding Fee Scale

Sliding Fee Scale Application

Referenced Documents

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	Information about Charity Care/Sliding Fee Scale Services	
Referenced Documents	Sliding Fee Scale Patient Info Sheet	
Referenced Documents	Sliding Fee Scale Income Chart	
Referenced Documents	Charity Care Sliding Fee Scale	
Referenced Documents	Application for Sliding Fee Scale	

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